

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31018**

1. Entity Name  
**LIMIK, LIMITED PARTNERSHIP L.P.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 25 AM 9:52

W  
3/27 AT

Principal Place of Business  
**% DERRICK INTERESTS, INC.  
3900 ESSEX LANE, SUITE 550  
HOUSTON TX 77027**

Mailing Address  
**% DERRICK INTERESTS, INC.  
3900 ESSEX LANE, SUITE 550  
HOUSTON TX 77027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0310352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELEFANT, FRED  
1650 PRUDENTIAL DRIVE, SUITE 105  
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **DERRICK, BRUCE W**  
STREET ADDRESS **3900 ESSEX LANE, SUITE 550**  
CITY-ST-ZIP **HOUSTON TX 77027**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER -

3-18-03

Date

713-509-4244

Daytime Phone #

CR2E003 (10/02)